

<b>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</b>   <b>TELEPHONE NO:</b> <b>E-MAIL ADDRESS (Optional):</b> <b>ATTORNEY FOR (Name):</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO</b>  <b>ADDRESS:</b> <b>CITY AND ZIP CODE:</b> <b>BRANCH NAME:</b>	<b>CASE NUMBER:</b>
<b>PETITIONER/PLAINTIFF:</b>  <b>RESPONDENT/DEFENDANT:</b>	<b>HEARING DATE:</b>  <b>TIME:</b> <b>DEPT.:</b>

### CERTIFICATION OF ATTORNEY COMPETENCY

I, \_\_\_\_\_, am an Attorney at law licensed to  
                     Name                      Office Address                      Telephone Number  
 practice in the State of California. My State Bar Number is \_\_\_\_\_. I hereby certify that I meet the minimum  
 standards for practice before a Juvenile Court set forth in California Rules of Court, rule 5.660, and local rule 16.19 and that I  
 have completed the minimum requirements for training, education and/or experience as set forth below.

**Training and Education:** (Attach copies of MCLE certificates or other documentation of attendance)

Course Title	Date Completed	Hours	Provider

**Summary of Juvenile Dependence Experience:**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**In RE:**  
**Case No:** \_\_\_\_\_

**Certification of Attorney Competency**  
**Dated:** \_\_\_\_\_